SURGICAL TREATMENT OF HABITUAL CONSTIPATION

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by

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Paul Sunder-Plassmann in Münster asserted in his book of Sympathikus-Chirurgie that the disturbance of the movement of the colon should not be taken as the object of surgical treatment. Fundamentally we agreed with him on this point. It may be considered that most patients who have complaints of constipation should be treated medically. But we can see many cases in which his opinion does not apply to the patient. In spite of medical treatment, we find many patients suffering from constipation being unable to do his own business from the disease.

FREQUENCY AND KINDS OF CONSTIPATION

According to the recent investigation of Yamauchi Hospital of gastroenteral disease (closely concerned with us) we can find 410 cases who complain of constipation out of the whole of 3327 patients during one year (1954-1955). In this investigation the overwhelming great number from 20～30 years old with the female is the greater majority. In the direction of the kinds of disease the gastroenteroptose (Glenard's disease) is the decrease of more than half of the patients. The rest includes the disease of intestine self such as stenosis caused by adhesion, tumor and others and complication of other disease such as ulcus ventriculi, gallstone and others. The most important fact which must be considered seriously is that there are 31 cases of habitual constipation besides these mentioned above. The 31 cases include 16 cases of ascendenstype of constipation and 15 of descendenstype. And yet in these 31 cases very few are found to be treated as the object of surgical treatment.

The investigation of the grade of constipation shows following cases :—209 cases of 3 days constipation, 66 cases of 4 days constipation, 36 of 5 days constipation, 61 of over 6 days constipation, 34 of unsufficient evacuation and 7 of no evacuation without evacuant.

Of these constipations the comparatively slight ones covering the duration from 3 days to 5 should not be regarded, in my opinion, as the object of surgical treatment, but the ones more serious should be treated surgically, if not cured medically.

OUR PAST TREATMENT AND ITS RESULTS

In the past we used to do operations without concrete principle or method to

TABLE I

410 Cases of Constipation

Kind of Disease	Number of Patient	Male	Female
Castroenteroptose	236	60	176
Ascendenstype of Constipation	16	6	10
Descendenstype of Constipation	15	7	8
Stenosis Caused by Adhesion a. o.	4	1	3
Colitis a. o.	5	2	3
Complication of Other Disease	125	62	63
Others	18	6	12

TABLE II

410 Cases of Constipation

Age	1~	10~	20~	30~	40~	50~	60~
Number of Male	1	17	45	32	13	17	11
Number of Female	1	24	105	67	29	17	22

TABLE III

410 Cases of Constipation

Duration of Constipation	Number of Patient	Male	Female
3 Days	209	79	130
4 Days	66	19	47
5 Days	36	11	25
Over 6 Days	60	12	48
Unsufficient Evacuation	34	12	22
No Evacuation without Evacuant	7	3	4

be properly applied to the cases, only relying upon the operation which is common among the Japanese surgeons, such as various sympathectomy, anstomosis and narrow resection of diseased part of colon. But Dr. MIHARA (formerly member of our hospital, present member of Kyoto University Medical School), found our past operations inefficient for the purpose, when he examined the far results over one year after the operation. He pointed out the defects of these operation and showed that the patient seemed to be cured from the disease for some time after the operation, but he was bound to the former bad condition again in the course of time. The results of the operation performed over one year were as follows.

In case of sigmoidectomy with presacral neurectomy for descendenstype of constipation, 3 cases out of 7 were successful, 4 cases were in vain, and in the case of right hemicolectomy with presacral neurectomy for ascendenstype of constipation, 2 cases out of 3 were successful, one was in vain, and the one-sigmoidectomy for sigmoidtype of constipation shows this :—3 out of 8 were successful, 4 were in vain. Just as is shown above, when we sought the effect which would be powerful over a long period of time, the result of our operation was quite pesimistic to the

TABLE IV

7 Cases of Descendenstype of Constipation

Sigmoidectomy with Presacral Neurectomy	Far Result Successful	Far Result in Vain
7	3	4

TABLE V

3 Cases of Ascendenstype of Constipation

Right Hemicolectomy with Presacral Neurectomy	Far Result Successful	Far Result in Vain
3	2	1

TABLE VI

8 Cases of Sigmoidtype of Constipation

Presacral Neurectomy	Far Result Successful	Far Result in Vain
8	3	5

purpose. Training of evacuation on the part of the patient after operation must be seriously considered in order to prevent reccurance of constipation. Some critics may possibly acuse us of our neglecting this training, but we make it a rule to advise the patient to do this training.

THE INDICATION OF OPERATION

The types of constipation are usually divided into 4 groups : —1, Ascendenstype, 2, Transversustype, 3, Descendenstype, 4, Sigmoidtype. For that diagnosis we adopted the following 2 method : —1, Roentgenexamination with per os given barium, 2, Roentgenexamination with barium enema. The first one is convinient to observe the function of colon. The second one is for the morphologic variation of colon. And in the first one it is the usual way with us to continue for some days running to follow the movement of barium taken by per os to its total evacuation. As is found in the report declared by WANGENSTEEN in 1949, we find the barium may sometimes remain in the ileum for a long time. It is not proper to decide the place of feces stagnation according to the method with barium enema. Seeing that the cure of constipation could not be desired by resection of the stagnant part of barium alone, it is necessary for the complete cure to cut off the half of colon included in the stagnant part.

We tried to find out the exact site of barium stagnation by means of roentgenexamination, and recognized that it is very difficult to decide to which of the 4 types above mentioned, the constipation belongs, because sometimes one may relate to another. Therefore on the ground that for the complete cure the wide extending resection of the stagnant colon must be taken, we assort practically the constipation into two types of descendens and ascendens according to the part where barium stagnates most.

PRESENT TREATMENT AND ITS RESULTS

We have so far made over one hundred operations for constipation, but we could only proved the far results by 53 cases out of them. 34 cases out of 53 were ascendenstype and in 18 cases out of 34 the right hemicolectomy with ileotransversostomy was performed. In those cases 16 cases were completely successful and 2 was in vain. In 13 cases out of 34, the right hemicolectomy with ileosigmoidostomy was performed with a good result of complete recovery.

TABLE VII

31 Cases of Ascendenstype of Constipation

	Far Result Successful	Far Result in Vain
Right Hemicolectomy with Ileotransversostomy	16	2
Right Hemicolectomy with Ileosigmoidostomy	13	0

TABLE VIII

Hypochondrial Pain after Operation

	Number of Patients with Pain	Number of Patients without Pain
Right Hemicolectomy with Ileotransversostomy	4	3
Right Hemicolectomy with Ileosigmoidostomy	1	12

In the case with ileosigmoidostomy after ileum dissection performed the result seemed to be fine immediately after the operation, but it was followed by the feces stagnation in coecum which was the very trouble with the case. There was a case with the bilateral splanchinectomy performed, but in proportion to the large operation, its result was not so effective as was first expected.

As is shown above, right hemicolectomy with ileotransversostomy and right hemicolectomy with ileosigmoidostomy were effective, but in the former one pains sometimes occured in right hypochondrium after operation.

Accordingly the latter one is the best method we have taken up in the operation since then.

19 cases out of 53 were of descendenstype and in 2 cases out of those 19 the sigmoidectomy was performed. The sigmoidectomy with presacral neurectomy in 8 cases; the presacral neurectomy alone in 6 cases, the transversosigmoidostomy with presacral neurectomy in 1 case, the transversosigmoidostomy after transversus dissection in 1 case, the ileosigmoidostomy after ileum dissection in 1 case. Each and every one of these results were not successful as is shown in Table IX.

Besides those we tried left hemicolectomy with transversorectostomy and though it is not long enough to report here the far result, we except it might be the best one to recommend. Because it will be much the same as the case in which the right hemicolectomy in the ascendenstype of constipation was most effective.

TABLE IX

19 Cases of Descendenstype of Constipation

Operationsmodus	Far Result Successful	Far Result in Vain
Sigmoidectomy	1	1
Sigmoidectomy with Presacral Neurectomy	3	5
Presacral Neurectomy	1	5
Transversosigmoidostomy with Presacral Neurectomy	0	1
Transversosigmoidostomy with Colondissection or Ileumdissection	0	2

COMMENT

Constipation should essentially be treated conservatively. But it can possibly be asserted that constipation should be treated surgically, even if it is serious and at the same time incurable medically, so long as the anticipation of recovery is ample on the part of surgeon.

In former days in Europe FINSTERER recommended the far reaching resection of colon for constipation and now ZENKER and others support this idea. In Japan HARA first reported a case of sigmoidectomy for constipation at the Tokyo surgeons meeting in 1927. OSAWA, JINNAI, IMAI and others reported their effective results of sympathectomy for constipation. HAYASHIDA recommend the resection of the exact part where stagnation of feces occurs. The sympathectomy is not to be reliable, so far as my experiences is concerned. Moreover it must be avoided by all means to cut off the sympathetic nerve, which has serious relation to organism besides the movement of colon, if there is any other way of treatment of it. The narrow resection of the stagnant part of the colon has often been in vain after we had tried this method. In case of HIRSCHSPRUNG's disease, the diseased part of the colon is so distinct that the resection of this part is sure to lead complete recovery, but in case of habitual constipation the diseased part of the colon is not so distinct that it is impossible to support HAYASHIDA's idea. Thus we consider the wide extending resection of intestine including stagnant part is the only one which will be reliable to cure the constipation. The problem of surgical treatment of constipation is not yet solved. And it must be decided after serious discussion on many experiences at the various meeting concerned.

CONCLUSION

1. It may be asserted that some of marked habitual constipation should be taken up as the object of operation.

2. We have acquired an excellent result through the right hemicolectomy with ileosigmoidostomy applied to the ascendenstype of constipation.

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和 文 抄 録

常習性便秘の外科的治療

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常習性便秘として茲に取り扱つた疾患は，便秘が一次的に来るもので，主としてその原因が結腸の機能異常によると考えられたものである．従つて他疾患に続発するものは勿論，胃腸下垂又はアトニーに併発するものも除外した．この様な常習性便秘は当市山内胃腸病院最近1年間の社会保険患者3327例中便秘を訴える410例の内に31例で，而もその内で外科的治療でも受けて治り度いという高度難症の便秘となると更にすくないものとなる．

我々は斯る便秘に対して従来漠然と交感神経切除，腸々吻合，過長又は弛緩部結腸の小範囲切除等を行つて居たのであるが，その遠隔成績は極めて悪く，我々の調査した18例ではその半数以上が手術後しばらく良好な便通があるのみで，時日の経過と共に旧の便秘に復して居たのであつた．

我々は主としてバリウム経口投与による結腸機能検査を基として便秘を上行性（結腸右半型）便秘と下行性（結腸左半型）便秘に大別してこの問題の解決をはかろうと試みた．その結果は次の如くである．

上行性便秘に対しては，内容の屢々停滞する廻腸をふくめて，結腸右半を Cannon-Boem 点を越えて広範に切除(31例)して手術の目的をほぼ達成することが出来た．その際の廻腸結腸吻合は我々の経験では廻腸横行結腸吻合よりも廻腸S状結腸吻合の方が優秀であつた．下行性便秘に対してはS状結腸切除，仙骨前神経切除，廻腸切断廻腸S状結腸吻合，廻腸切断廻腸横行結腸吻合等を或は単独に，或は複合して19例に行つたが，いづれも満足すべき効果を達成することが出来なかつた．